<u>}</u>	PART B - FEE(S) TRAI Complete and send this term, together want applicable fee(s), to: Mail					NSMITTAL			
)	Complete and send	பு applicable	P.O. F		Mail Stop ISSU. Commissioner for P.O. Box 1450 Alexandria, Virg	∴ FEE or Patents ginia 22313-1450			
	2 72003			or <u>Fax</u> (703		(703) 746-4000			
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	CURRENT CORRESPONDEN	any change of address)	F		Note: A certificate of Fee(s) Transmittal. The papers. Each addition	mailing can only be used his certificate cannot be used	for domestic mailings of the		
	7590 01/12/2005					papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.			
	Keith Kline PRO-TECHTOR INTERNATIONAL SERVICES 20775 Norada Court Saratoga, CA 95070-3018					Certificate of Mailing or Transmission I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (703) 746-4000, on the date indicated below.			
05/	18/2005 MBERHE1 00000						h Kline	(Depositor's name)	
	A APAI					Valle	Marson	(Signature)	
	FC:2501 FC:1504	700.00 OP 300.00 OP				2/15	2005	(Date)	
	APPLICATION NO.	FILING DATE .	FIRST NAMED INVEN			ITOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.	
	10/829,587	04/21/2004	Vincent Lai				1211055	6741	
	APPLN, TYPE	SMALL ENTITY	TACHING AND REASSEMBLING THE FRO			JBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE	
	nonprovisional	YES	\$700		L	\$300	\$1000	04/12/2005	
	EXAMINER		ART UNIT				1	04/12/2003	
	HANSEN, JAMES ORVILLE			3637		ASS-SUBCLASS			
	1. Change of correspondence CFR 1.363). Change of correspondence CFR 1.363.	Correspondence (1) the nam or agents O		mes of u	on the patent front page, list of up to 3 registered patent attorneys ATIONAL SERVICES				
	Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Custome Number is required.			(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.					
	3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON TH						· · · · · · · · · · · · · · · · · · ·		
		PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.							
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Authorized Signature ______

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This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and ubmitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete his form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

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